

State ILLINOIS

=7/95 The Department will consider requests on a case by case basis from physicians who are unable to meet the hospital delivery or admitting privileges criteria for enrollment in the MCH Program. In order to be considered under the exception process, the physician must have executed a formal agreement with another physician to accept referrals for hospital admission, submit certain documents and have such requests reviewed and approved by members of the State Medical Advisory Committee (SMAC).

07/88 b. MEDICAL AND SURGICAL SERVICES FURNISHED BY A DENTIST (IN ACCORDANCE WITH SECTION 1905(a)(5)(B) OF THE ACT)

Physician services provided by dentists are limited to those services furnished by licensed dental practitioners within the scope of their practice as defined by State law.

TN # 95-07 APPROVAL DATE OCT 25 1995 EFFECTIVE DATE 7-1-95

SUPERSEDES

TN # 93-12

State ILLINOIS

6a. PODIATRISTS' SERVICES

7/99 ~~Services are provided only to EPSDT recipients.~~ Covered services are limited to medically necessary diagnostic, laboratory, radiological and surgical procedures required for treatment of conditions of the feet.

Consultations, routine foot care, preventive or reconstructive procedures and screenings, X-rays, laboratory work or similar services are not covered unless specifically required by the foot condition.

Certain services and unusual procedures require prior approval.

7/99 Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

6b. OPTOMETRISTS' SERVICES

7/99 ~~Covered Optometrist's services for EPSDT recipients~~ are limited to eye examinations and the provision of necessary material as specified in 12d. Authorization for more than one examination in a twelve (12) month period can be given if medical need for a second examination is documented.

7/99 ~~Services to recipients aged 21 or older are limited to the examination and dispensing fee for the provision of initial eye wear following cataract surgery.~~ Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

6c. CHIROPRACTORS' SERVICES

7/99 ~~Services are covered only for EPSDT recipients.~~ Covered services are limited to those provided by chiropractors who meet standards promulgated by the Secretary of the Department of Health and Human Services and consisting of treatment by means of manual manipulation of the spine.

7/99 Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

... # 99-6 APPROVAL DATE DEC 10 1999 EFFECTIVE DATE 7-1-99

SUPERSEDES

TN # 95-15

State ILLINOIS

OFFICIAL

7. HOME HEALTH SERVICES

a, b and c.

Services are provided on a short-term, intermittent basis to facilitate clients transitioning from a more acute level of care. Services must be provided only on direct order of physician, and require prior approval unless client is eligible for these benefits under Medicare.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

d.

Services available only when provided by a Home Health Agency, on direct order of physician, and with prior approval unless client is eligible for these benefits under Medicare.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

8. PRIVATE DUTY NURSING SERVICES

Provided only when recommended by the physician. Requires prior approval. Services cannot be covered if provided by a relative.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

TN # 91-12 APPROVAL DATE 7-1-91 EFFECTIVE DATE 7-1-91

SUPERSEDES

TN # 90-4

State ILLINOIS

=7/98 9. CLINIC SERVICES

=7/98 Community Mental Health Services

Mental Health Services are to be provided to eligible clients who require such services:

- to effectively manage current symptoms of mental illness through treatment or rehabilitation programs;
- to promote growth or maintenance of independent functioning following episodes of institutionalization;
- to prevent deterioration in independent role functioning which may result in inpatient treatment; or
- to relieve personal distress and stabilize functioning following crises which may reduce the clients ability to function independently.

TN # 98-10 APPROVAL DATE 12-22-98 EFFECTIVE DATE 7-1-98

SUPERSEDES

TN # 91-12

OFFICIAL

State ILLINOIS

All services will be provided by or under the direct supervision of a Qualified Mental Health Professional. The QMHP may be a licensed physician or registered psychologist; a registered, certified social worker; a licensed RN; a registered occupational therapist; or an individual who holds a masters' degree or higher in psychology, sociology, counseling, family therapy or related field. The physician must have at least one year clinical experience or training in mental health services. The RN must have at least one year of clinical experience in a mental health setting or a masters' in psychiatric nursing. The occupational therapist must have one year of clinical experience in a mental health setting. The individual holding the masters' or doctorate in counseling, social work or related field must have successfully completed a practicum and/or internship which includes a maximum of 1,000 hours or has one year of clinical experience under the supervision of a QMHP. A Mental Health Professional (MHP) who provides services under the supervision of a QMHP must possess a bachelor's degree or have a minimum of five years supervised experience in mental health or human services.

All services must be provided by an entity which is certified by the Illinois Department of Mental Health and Developmental Disabilities. Clinics which are not certified are not eligible to provide services under this provision of the State Plan.

All services under this section of the Plan must be provided under the direction of a fully licensed physician. The physician must review and approve the treatment plan whenever significant changes in the plan occur, or at least once every six months for adults and at least every three months for children and adolescents.

Community Mental Health Services will include only the following services:

- ° Assessment - Assessments will be provided to determine the condition of the client and the nature and extent of services required. Mental health assessments, psychiatric assessments, and psychological assessments may be provided to obtain information on the nature and extent of presenting problems and the present level of functioning of clients.
- ° Treatment Plan Development and Modification - An individual treatment plan must be developed within 30 days of the documented date of completion of the mental health assessment for all clients served under this section. The individual treatment plan must state the overall goals of treatment and shall indicate the specific mental health services to be provided. The plan must be developed or approved by a physician, and must be reviewed and modified as necessary, but at least every six months for adults and three months for children.

TN # 90-25 APPROVAL DATE 1-15-91 EFFECTIVE DATE 10-1-90

SUPERSEDES

TN # 90-4

State ILLINOIS

- ° Psychotropic Medication Monitoring and Training - Monitoring of psychotropic medications and training of clients in self medication may be provided by the physician, by a QMHP under the direction of a physician or by a MHP under the supervision of a QMHP. The physician must designate in writing the professionals who provide medication monitoring and training services. The monitoring will include recording of medications prescribed and taken by the client; observation of the effectiveness of medication; observation of any side effects resulting from the medication; and assurance that medication is being used in accordance with the prescription and in accordance with sound medical practice. Training shall be provided to clients by RNs to promote self medication, and will include training on side effects and adverse reactions; proper dosage; proper timing of medication; storing and safeguarding medication; and communication with mental health professionals regarding medication issues.
- ° Crisis Intervention - Crisis intervention shall be provided to clients who are experiencing a psychiatric crisis. The service is intended to reduce symptomatology, stabilize and restore the client to a previous level of role functioning and to assist the client in functioning in the community. Services include immediate mental health assessment; brief and immediate therapy; and referral or linkage to appropriate mental health services.
- ° Psychiatric Therapy - Psychiatric and psychological therapy will be provided to clients who require interpersonal therapy to promote growth in role functioning in order to maintain the client's functioning in the community. Services available include individual therapy, group therapy, and family therapy.
- ° Day Treatment - Day treatment shall include services provided on an integrated, comprehensive schedule of recognized psychiatric treatment addressing at least three areas of dysfunction: psychological, interpersonal and primary role dysfunction. Services will include: (1) intensive stabilization, provided in a structured environment, to resolve short term problems or crises which could lead to institutionalization; and (2) extended treatment services focused on the development of interpersonal and living skills to restore client functioning and facilitate reentry into the family and community. Both services will include elements of therapy, skills development and training, and assessment and treatment planning.
- ° Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

TN # 91-23 APPROVAL DATE 3-27-92 EFFECTIVE DATE 10-1-91

SUPERSEDES

TN # 91-12

OFFICIAL

State ILLINOIS

=4/98 School Based/Linked Health Clinics

The purpose of school based/linked health clinics is to improve the overall physical and emotional health of students by promoting healthy lifestyles and by providing available and accessible preventive health care when it is needed.

School based health clinics are located in schools or on school grounds, serving at least the students attending that school. School linked health centers are located off school grounds but a formal relationship exists to serve students attending a particular school or multiple schools within the district. Services are available to eligible students who have obtained written parental consent, or who are 18 years of age, and/or who are otherwise able to give their own consent.

School based/linked clinics must be certified by the Department of Human Services (DHS) that they are meeting the minimum standards established by DHS. A qualified physician will be the medical director of the clinic. Each clinic will develop standing orders and protocols. The medical director shall ensure compliance with the policies and procedures pertaining to medical procedures. The medical director will medically supervise the medical regimen involving direct care of students. All medical services must be in compliance with the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Family Practice guidelines and the standards established by outside regulatory agencies. All laboratory services must be in compliance with CLIA. DHS will provide ongoing monitoring to assure that appropriate clinical standards are followed.

The clinic will be staffed by Illinois licensed, registered, and/or certified health professionals who are trained and experienced in community and school health, and who have knowledge of health promotion and illness prevention strategies for children and adolescents. The clinic must ensure that staff are assigned responsibilities consistent with their education and experience, supervised, evaluated annually, and trained in the policies and procedures of the clinic.

The clinic must have in place telephone answering methods that notify students and parents/guardians where and how to access 24 hour back-up services when the clinic is not open.

The clinics must coordinate care and the exchange of information necessary for the provision of health care of the student, between the clinic and a student's primary care practitioner, medical specialist or managed care entity. Services provided in school-based/linked clinics shall be coordinated with the client's primary care provider. A written referral with pertinent medical information is sent by the school-based/linked clinic to the provider and managed care plan for coordination and ongoing care. Written policies must address obtaining student and/or parental consent to share information regarding a student's health care.

State ILLINOIS

The clinics must operate in accordance with a systematic process for referring students to community-based health care providers when the clinic is not able to provide the services required by the student. The clinic will refer a student who requires specialty medical and/or surgical services to his/her primary care provider or managed care entity to obtain a referral for a specialist. The clinic will document in the student's record that the referral was made, and document follow-up on the outcome of the referral when relevant to the health care provided by the clinic.

Clinics may provide the following services:

- basic medical services: well-child or adolescent exams, consisting of a comprehensive health history, complete physical assessment, screening procedures and age appropriate anticipatory guidance; immunizations; EPSDT services; diagnosis and treatment of acute illness and injury; basic laboratory tests; prescriptions and/or dispensing of commonly used medications for identified health conditions, in accordance with medical practice and pharmacy practice acts; acute management and on-going monitoring of chronic conditions, such as asthma, diabetes and seizure disorders;
- reproductive health services: gynecological exams; diagnosis and treatment of sexually transmitted diseases; family planning; prescribing, dispensing or referring for birth control; pregnancy testing; treatment or referral for prenatal and postpartum care; cancer screening;

The clinic must develop a collaborative relationship with other health care providers, insurers, managed care organizations, the school health program, students and parents/guardians with the goal of assuring continuity of care and reducing duplication and fragmentation of services.

The clinic maintains a health record system that provides for consistency, confidentiality, storage and security of records for documenting significant student health information, and the delivery of health care services.

State ILLINOIS

10. DENTAL SERVICES

1/99 ~~Dental services for recipients age 21 and older are covered for only a limited range of emergency dental services. Emergency dental services are described as those dental procedures necessary to treat pain in the teeth, gums, palate or any other problem of the mouth that requires immediate attention and is appropriately treated by a dentist. Prior to payment, each claim will be reviewed for medical necessity and for true emergency status; are categorized below.~~

7/99 ~~The following dental services are covered only for EPSDT recipients. Procedures covered under each category and prior approval or emergency post approval provisions are specified in Department Handbooks for Dentists and/or Provider Bulletins.~~

7/99 Dental Services for Recipients Under the EPSDT Program:

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|------------------------------|-------------------------------|
| ◦ Clinical oral examinations | ◦ Prosthodontics |
| ◦ Radiographs | ◦ Oral surgery |
| ◦ Preventive | ◦ Orthodontics |
| ◦ Restorative | ◦ Adjunctive general services |
| ◦ Endodontics | |
| ◦ Periodontics | |

7/99 All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to individuals under age 21.

7/99 Adults Residing in ICF/DD Facilities:

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|-----------------------------|--------------------------------------|
| ◦ <u>Initial oral exams</u> | ◦ <u>Oral Surgery</u> |
| ◦ <u>Radiographs</u> | ◦ <u>Anterior endodontics</u> |
| ◦ <u>Prophylaxis</u> | ◦ <u>Complete dentures</u> |
| ◦ <u>Restorative</u> | ◦ <u>Denture relining or repair</u> |
| ◦ <u>Periodontics</u> | ◦ <u>Adjunctive general services</u> |

7/99 All Other Individuals:

- | | |
|-------------------------------|--------------------------------------|
| ◦ <u>Initial oral exams</u> | ◦ <u>Complete dentures</u> |
| ◦ <u>Radiographs</u> | ◦ <u>Denture relining or repair</u> |
| ◦ <u>Restorative</u> | ◦ <u>Adjunctive general services</u> |
| ◦ <u>Oral Surgery</u> | |
| ◦ <u>Anterior endodontics</u> | |

TN # 99-6 APPROVAL DATE DEC 16 1999 EFFECTIVE DATE 7-1-99

SUPERSEDES

TN # 97-04

State ILLINOIS

~'99 Limitations on certain services and procedures apply in all cases for all individuals (except for individuals under the EPSDT program).

- Full mouth series of x-rays are covered only once every three years.
- Polycarbonate crowns are covered; acrylic are not.
- Complete or partial set of dentures (if necessary) are allowable only once every five years.
- Bridgework is allowable only once in five years.
- Coverage of root canals and apicoectomy procedures except for individuals under the EPSDT program is covered for anterior teeth, bicuspid and first molars only.
- Coverage of orthodontia is limited to cases which present a severe handicapping malocclusion or a handicapping dentofacial deformity. All orthodontia requires prior approval.

7 99-6 APPROVAL DATE DEC 1 1998 EFFECTIVE DATE 7-1-99

SUPERSEDES

TN # _____